

## 2011 ELECTION CYCLE

## REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann  
SECRETARY OF STATE

NOV 01 2011

DATE STAMP  
Camp Secretary of State

Name of Candidate Blaine "Bo" Eaton II  
 Address 503 Gambrell St Taylorsville MS 39168 County Smith  
 Telephone 601-785-4662 Fax \_\_\_\_\_  
 Office Sought House Representative Dist 79 Political Party Democratic  
 Email Address \_\_\_\_\_

Check here if above is different from previous report

- ☐ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) \_\_\_\_\_ Mandatory  
☐ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) \_\_\_\_\_ Mandatory  
☐ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) \_\_\_\_\_ Mandatory  
☐ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) \_\_\_\_\_ Primary Candidates  
☐ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) \_\_\_\_\_ Runoff Candidates Only  
☐ October 10, 2011 Periodic Report (July 1, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory  
☒ November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) \_\_\_\_\_ Mandatory  
☐ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only  
☐ January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011) \_\_\_\_\_ Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make  
 Campaign expenditures and has no outstanding campaign debt obligation)

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 30,330.00	+	\$ 2,000.00	=	\$ 32,330.00	\$ 52,380.00
Total amount of disbursements	\$ 27,552.61	+	\$ 1,975.00	=	\$ 29,527.61	\$ 49,326.47
Total amount of cash on hand					\$ 4,158.75	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

11-1-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-9-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 3Name of Candidate or Committee Blaine H. "Bo" Eaton  
Reporting period Oct 1, 2011 through Oct 29, 2011

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Tullos &amp; Tullos, Attorneys at Law</u>	<u>10</u> / <u>10</u> / <u>11</u>	\$ <u>2,000.00</u>
Mailing Address <u>P O Box 74</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Taylorville MS 391</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Tullos &amp; Tullos</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>lawyer</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Friends of Cecil Brown</u>	<u>10</u> / <u>13</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 55502</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39296</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>State of Mississippi</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Representative</u>	Aggregate year-to-date	\$ <u>1250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Crymes Pittman</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>410 S President St</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>lawyer</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Donald L Jordan</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Taylorville MS 39168</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>SP&amp;PA</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>General Mgr.</u>	Aggregate year-to-date	\$ <u>500.00</u>

Page 2 of 3Name of Candidate or Committee Blaine H. "Bo" EatonReporting period Oct 1 2011 through Oct 29 2011

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Joseph L. Warren Jr</u>		<u>10</u> / <u>3</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 42</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Mt Olive MS 39119</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>State of Mississippi</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Representative</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Mr. or Mrs Richard Thoms</u>		<u>9</u> / <u>30</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>105 North Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Norton MS 39345</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Centene Management Company LLC</u>		<u>9</u> / <u>30</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis MO 63105</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>AT&amp;T Mississippi PAC</u>		<u>8</u> / <u>1</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>175 E. Capital St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u> </u>

Page 3 of 3Name of Candidate or Committee Blaine H. "Bo" EatonReporting period Oct 1, 2011 through Oct 29 2011

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>House Victory PAC</u>		<u>11/1/11</u>	\$ <u>14,580.00</u>
Mailing Address <u>PO Box 55502</u>		<u>11/1/11</u>	\$ _____
City, State, Zip Code <u>Jackson MS 39205</u>		<u>11/1/11</u>	\$ _____
Name of Employer (Required) <u>House Democratic Victory PAC</u>		<u>11/1/11</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>14,580.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Blaine Eaton</u>		<u>10/12/11</u>	\$ <u>10,000.00</u>
Mailing Address <u>503 Gambrell Street</u>		<u>11/1/11</u>	\$ _____
City, State, Zip Code <u>Taylorville MS 39168</u>		<u>11/1/11</u>	\$ _____
Name of Employer (Required) <u>Candidate</u>		<u>11/1/11</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>110,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>11/1/11</u>	\$ _____
Mailing Address _____		<u>11/1/11</u>	\$ _____
City, State, Zip Code _____		<u>11/1/11</u>	\$ _____
Name of Employer (Required) _____		<u>11/1/11</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>11/1/11</u>	\$ _____
Mailing Address _____		<u>11/1/11</u>	\$ _____
City, State, Zip Code _____		<u>11/1/11</u>	\$ _____
Name of Employer (Required) _____		<u>11/1/11</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Page 1 of 2

Name of Candidate or Committee

Blaine "Bo" Eaton II

Reporting period

Oct 1, 2011

through

October 29, 2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Smith County Reformer	10/5/11	\$ 914.00
Mailing Address		
P.O. Box	10/28/11	\$ 188.50
City, State, Zip Code		
Brandon, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,050.25
advertising		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Taylorville Post	10/17/11	\$ 992.00
Mailing Address		
P.O. Box 100		
City, State, Zip Code		
Taylorville MS 39168		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,655.00
advertising		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ainsworth Impressions	10/17/11	\$ 236.11
Mailing Address		
City, State, Zip Code		
Ellisville, MS 39437		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 472.22
advertising		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Print Press	10/20/11	\$ 642.00
Mailing Address		
City, State, Zip Code		
Laurel, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 642.00
advertising		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
LUC Media		
Mailing Address		
25 Whitlock Place, Suite 201		\$ 5,000.00
City, State, Zip Code		\$ 5,000.00
Marietta, GA 30064		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 15,000.00
advertising		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mack/Crouse Group	10/1/11	\$ 13,035.00
Mailing Address		
City, State, Zip Code		
Alexandria, VA	10/29/11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 13,035.00
consulting services		

Page 2 of 2

Name of Candidate or Committee

Blaine "Bo" Eaton II.

Reporting period

October 1, 2011

through

October 29, 2011

## ITEMIZED DISBURSEMENTS

A. Full name <u>VBR Design</u>	Date (Mo., Day, Year) <u>10/1/11</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address	<u>10/29/11</u>	\$
City, State, Zip Code <u>Ridgeland, MS</u>	<u>10/29/11</u>	\$
Purpose of Disbursement (Optional) <u>Consulting Services</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name <u>Scout Communications</u>	Date (Mo., Day, Year) <u>10/1/11</u>	Amount of each disbursement this period \$ <u>1,045.00</u>
Mailing Address	<u>10/29/11</u>	\$
City, State, Zip Code <u>Stockbridge, GA</u>	<u>10/29/11</u>	\$
Purpose of Disbursement (Optional) <u>Consulting services</u>	Aggregate Year-to-date	\$ <u>1,045.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$